**NBMLHD Menopause Referral Service**
Springwood Community Health Centre
288-292 Macquarie Road
Springwood NSW 2777
Phone: 0456 625 150
Email: NBMLHD-Menopause@health.nsw.gov.au

Nepean Blue Mountains Local Health District

## Patient Referral, NBMLHD Menopause Referral Service

The NSW Menopause Initiative has established four severe and complex menopause Hubs across NSW. Each networked Hub provides clinical support for the remaining LHD across NSW.

A multidisciplinary approach will be used which may include access to a range of medical specialists (Endocrinology, Gynaecology, Haematology & Psychiatry), Allied Health and Nursing as required and/or available.

**Please email completed referral to:** NBMLHD-Menopause@health.nsw.gov.au

Please note: We are a district-wide service offering both virtual and face-to-face consultations across health centres supported by our coordinators. **All medical consultations are conducted virtually.**

## SECTION 1: Patient Details

Name: _____ Date of Birth: ____/____/_____

Address: _____ Phone: _____

Email: _____ Medicare No: _____ Expiry: _____

Person of Contact: _____ Relationship: _____ Phone: _____

Is patient of Aboriginal or Torres Strait Islander Origin?

☐ Yes, Aboriginal ☐ Yes, Torres Strait Islander ☐ Yes, both Aboriginal & Torres Strait Islander

☐ No ☐ Prefer not to answer

Is an interpreter required? ☐ Yes ☐ No Language: _____

## SECTION 2: Clinic Referral

☐ Dr Jessica Lai, Endocrinologist ☐ Dr James Brown, Gynaecologist ☐ General Clinic (next available endocrinologist or gynaecologist)

## SECTION 3: Referring Doctor

Name: _____ Position: _____

Provider Number: _____ Date: ____/____/_____ Signature: _____

Practice Name: _____

Practice Address: _____

Phone: _____ Email: _____

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## SECTION 4: Clinical Information

**Eligibility Criteria:** meet one or more of the following criteria **and** reside within NBMLHD

| | | |
|---|---|---|
| **Cat. 2** | ☐ | 1. Is client's menopause onset <40 with suspected or known Premature Ovarian Insufficiency (POI)? |
| | ☐ | 2. In the last 12 months has the client experienced, or is anticipating medically or surgical induced menopause (e.g. cancer treatment, risk-reducing surgery)? |
| **Category 3** | ☐ | 3. >10 years since onset of menopause or aged ≥60 and still experiencing significant menopausal symptoms? |
| | | 4. Aged ≥40 and experiencing menopausal symptoms with any of the following features: |
| | ☐ | a. Active liver disease with abnormal liver functions tests (excluding fatty liver disease) |
| | ☐ | b. Established cardiovascular or cerebrovascular disease |
| | ☐ | c. Genetic risk of malignancies |
| | ☐ | d. Migraine with aura |
| | ☐ | e. Personal history of cancer |
| | ☐ | f. Porphyria or systemic lupus erythematosus (SLE) |
| | ☐ | g. Socioeconomic barriers to care |
| | ☐ | h. Thrombo-embolic disease, history of venous thromboembolism (VTE) or thrombophilia (including hereditary thrombophilia) |
| | ☐ | 5. Does the client experience persistent adverse effects of menopause therapy? |
| | ☐ | 6. Does the client experience physical or psychological symptoms of menopause with no improvement after 8 weeks of initiating therapy? (**Note:** Please consider concurrent mental health referral if appropriate) |

### Additional Information:

**Attach:** ☐ Medical history ☐ Current medication list ☐ Recent blood tests ☐ Recent BP

**If applicable, recent:** ☐ BMD/DXA ☐ Pelvic ultrasound ☐ CST

☐ Other relevant information including menopause management options pursued to date

## SECTION 5: Triage (HOSPITAL USE ONLY)

Referral triaged: ____/____/_____ By: _____

For: ☐ Endocrinologist ☐ Gynaecologist ☐ Other_____

Category: ☐ Cat 2 – appt within 90 days ☐ Cat 3– appt within 365 days